ARIZONA DEPARTMENT OF HEALTH SERVICES

| ARIZONA DEPARTMENT OF HEALTH SERVICES | | | |
|---|---------------------------|------------------------|--|
| STATE OF ARIZONA | CERTIFICATE NO | -65- | |
| } ss | }ss pocket No | EMS 2828 | |
| County Of Maricopa | DOOKET NO. | · | |
| THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, und pursuant to Department of Health Services rules, that public necessity requires the open RURAL/METRO CORPORATION (YUMA) dba RURAL/M | ation of | | |
| as a ground ALS and BLS ambulance service in the State of Arizo | na for the transportation | of individuals who are | |
| sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station | | | |
| and response times: | | | |
| 1. Service Area: All of Yuma County for unlimited ambulance service except the service areas specifically granted to Tri-Valley Ambulance Service, Inc., in Certificate of Necessity, No. 35. | | | |
| Central Operations Station: Yuma, Arizona (660 East 18th Place) Response Times: | | | |
| a. Ten (10) minutes in eighty-five (85) percent of all ambulance | e calls. | | |
| b. Fifteen (15) minutes in ninety (90) percent of all ambulance calls. | | | |
| c. Twenty (20) minutes in ninety-seven (97) percent of all ambulance calls. | | | |
| d. Sixty (60) minutes in one hundred (100) percent of all ambu | ilance calls. | | |
| | | | |

Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending November 30, 2007 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.



BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN

| WITNESS WHEREOF, I | CATHERINE R. EDEN |
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| the Director of the Arizona | Department of Health Services, have hereunto set my |
| hand and caused the official | al seal of the Arizona Department of Health Services |
| to be affixed at Phoenix, Ar | izona on 1/8/54 |
| to do animor and the simily | |

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